

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 4387

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 1 1943 149

Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Kansas City General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Hours
In this community 21 Years (Specify whether years, months or days)

3. (a) PRINT Mr. Donald Whitefield Storms
FULL NAME
(b) If veteran. No name war
(c) Social Security 499-09-1444 No.

4. Sex Male 5. Color or White race
6. (a) Single, widowed, married, Married
divorced
(b) Name of husband or wife Mrs. Mary E. Storms
(c) Age of husband or wife if alive 36 years
7. Birth date of deceased December 8 1921
(Month) (Day) (Year)

8. AGE: Years 21 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Radio Assembly Employee

11. Industry or business Wilcox Electrical Company

12. Name George A. Storms

13. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Durham

15. Birthplace Commerce Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary E. Storms

(b) Address 3207 Highland Avenue

17. (a) Cremation (b) Date thereof Oct. 15, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-15-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3207 Highland Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 14th
year 1943 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him _____ alive on _____, 19_____
and that death occurred on the date and hour stated above.

Immediate cause of death Sodium Fluoride Poisoning

Due to _____

Due to 1634

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy acute-intestinal hemorrhage and perforation congestion of lungs

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 10-14-43

(c) Where did injury occur? Firestone Service Sta.
(City, town, or county) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at _____ (Specify type of place) Means of injury poisoning

23. Signature J. E. Brown (M. D. brother) 3

Address NOWA Date signed 10/14/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.